1. Were you employed (or self-employed) at any time between March 15th, 2019 and March 14th, 2020?
   1 Yes  0 No (if “No” skip to #19, “new jobs”)

2. Before COVID-19, did you use protective equipment in your job? Check all that apply:
   1 Surgical masks  2 N-95 masks or similar (N99, R95, etc.)
   3 Cloth masks  4 Reusable respirators (elastomeric respirators or powered air purifying respirators)
   5 Disposable face shields  6 Reusable face shields
   7 Gloves  8 Footwear/boot covers
   9 Protective head covers  10 Disposable fluid resistant aprons
   11 Jumpsuit/protective coverall  12 Plastic gowns
   0 None of the above

   [If any of the protective equipment were checked, ask for each one checked]
   a. Were these provided by your employer?
      1 Yes  0 No

Questions 3-9 will ask about your employment between February 1st and March 15th 2020, up until your local officials or state official issued “stay at home,” “shelter in place,” or other rules restricting non-essential activities in the face of the COVID-19 pandemic.

3. How many jobs did you have during the period February 1st – March 15th 2020?
   1 1  2 2  3 >2

   [Numbers 4-11, Repeat for Job #1, Job #2]

4. For your job, were you represented by a union?
   1 Yes
      a. [If yes] Name of the union: ________________________________________________
      b. [If yes] Local # or chapter: ____________________.
   0 No
   2 I don’t not know

5. Did you enroll in a health insurance plan through this job?
   1 Yes, I did
   2 No, I didn’t because it was too expensive
   3 No, I didn’t because it was not offered
   4 No, I didn’t because I was not eligible
   5 No, I didn’t because I was covered under another job
   6 No, I was covered by health insurance of another family member
6. What type of work did you do? *(Mark up to 2 that best describe the type of work you do)*

- Self-employed
- Agriculture
- Manufacturing, whole sale, distribution
- Communication, electric, gas and sanitary/waste services
- Transportation of people
- Transportation of goods
- Finance, insurance or real estate
- Supermarket or grocery store
- Pharmacy
- Building materials, mobile homes, hardware, garden, home furnishings, furniture, equipment
- Retail: Department store or big box store (e.g., Costco, Walmart, Target)
- Other retail
- Restaurants, eating and drinking places (e.g., coffee shops, bars, breweries)
- Construction
- Scientific, technical
- Education
- Health or healthcare
- Hotels, Hospitality
- Private homes
- Legal
- Police & Fire
- Services (not otherwise listed)
- Entertainment, Recreation
- Business & consultation
- Government, Public Administration (other than finance)
- Other

Describe: ____________________________________________________________

I prefer not to answer
7. What was your job? ______________________________________________

REMINDER: Think about the period of February 1st – March 15th, 2020, when answering questions 8 and 9.

8. On a typical day during the time you were at work, how many people would you encounter within 6 feet?
   1  □  1-4  2  □  5-10  3  □  11-20  4  □  21 or more  0  □  None

9. Did your employment fall into the category of essential services?
   1  □  Yes
   0  □  No
   2  □  I’m not sure. Explain: _________________________________________________

**Answer the following questions thinking about the time between the outbreak of COVID-19 and now.**

10. Did you lose your health insurance after the COVID-19 outbreak?
    1  □  Yes, because I lost or left my job
    2  □  Yes, because my hours were reduced
    3  □  Yes, because my employer reduced the benefits available
    4  □  No, I did not lose my health insurance
    5  □  Other, describe_____________

    If selected 1, 2 or 3

10a. In what ways would you say the COVID-19 outbreak has affected your overall healthcare? *(Mark all that apply)*
    0  □  Not applicable – I have not tried to access my health care provider since the COVID-19 outbreak
    1  □  I did not go to healthcare appointments because I was concerned about entering my healthcare provider’s office
    2  □  My healthcare provider cancelled appointments
    3  □  My healthcare provider changed to phone or telemedicine/video appointments
    4  □  I did not attend needed healthcare appointments because of a loss of insurance
    5  □  My health care changed in other ways. Specify: ________________________________
    6  □  My health care did not change

10b. In general, how distressed are you about changes to your health care or health insurance due to the COVID-19 outbreak?
    1  □  Not at all
    2  □  Mildly
    3  □  Moderately
    4  □  Extremely
11. Between the outbreak of COVID-19 and now, in what ways has the COVID-19 outbreak affected your work status? (Select one)

1. I continued working for the same employer with no changes to location or additional jobs
   [Complete 31-37 (same job)]
   1a. Has this job put you at increased risk of getting COVID-19? 1.) yes 0.) no 2.) don’t know
   1b. Have your hours 1.) increased or 2.) decreased or 3.) stayed the same?

2. I continued working for the same employer with no changes in hours or location, but added additional jobs
   [Complete 19-37 (new job) & (same job)]
   2a. Have these jobs put you at increased risk of getting COVID-19? 1.) yes 0.) no 2.) don’t know

3. I continued working for the same employer, but my location of work moved
   [Complete 31-37 (same job)]
   a.) Are you working from home 1 ☐ yes 0 ☐ no
   b.) Are you working at another location (other than home) 1 ☐ yes 0 ☐ no
   c.) Have your hours 1.) increased or 2.) decreased or 3.) stayed the same?
   d.) Has this job put you at increased risk of getting COVID-19? 1.) yes 0.) no 2.) don’t know

4. I lost my job permanently and did not find another job
   [Complete 12-18 (lost job) then skip to 37 “other adults in household working”]
   a. Date employment ended: _____ / _____ / ______
      MM       DD        YYYY
      Warning! This date must be today or in the past

5. I lost my job permanently and got another job
   [Complete 12-18 (lost job) & 19-30 (new job) then skip to #37]
   a. Date employment ended: _____ / _____ / ______
      MM       DD        YYYY
      Warning! This date must be today or in the past
   b. Date new job started: _____ / _____ / ______
      MM       DD        YYYY
      Warning! This date must be today or in the past

6. I lost my job temporarily (or was not told for how long), and have not found another job
   [Complete 12-18 (lost job) then skip to 37 “other adults in household working”]
   b. Date employment ended: _____ / _____ / ______
      MM       DD        YYYY
      Warning! This date must be today or in the past
1. I lost my job temporarily (or was not told for how long) and have taken another job [Complete 12-18 (lost job) & 19-30 (new job) then skip to #37]
   a. Date employment ended: __________/________/__________
      MM DD YYYY
      Warning! This date must be today or in the past
   b. Date new job started: __________/________/__________
      MM DD YYYY
      Warning! This date must be today or in the past

2. None of these apply [Skip to #37 “other adults in household, working”]

Please answer Questions 12-18 about your lost job(s).
[Display if options 4, 5, 6 or 7 in Question 11 “lost job” are checked]
[Repeat for lost Job #1, Job #2]

12. As a result of losing your job or changes in your employment, did you apply for unemployment insurance?
   1. Yes
      a. [If yes] Did you qualify for unemployment insurance?
         1. Yes 0 No
      b. [If yes] Have you begun receiving unemployment benefit payments?
         1. Yes 0 No
      c. [If yes] Have you been offered a position that required putting yourself at risk for COVID-19 with no protection or with inadequate protection?
         1. Yes
            a. [If yes] Did you accept the position?
               1. Yes 2 No
               0 No
               0 If no why,
               1. I’m not eligible
               2. I tried to apply but could not complete the application
               3. Other, please describe ______________
13. **After COVID-19 and before you lost your job**, did you use protective equipment in your job? Check all that apply:

- Surgical masks
- Cloth masks
- Disposable face shields
- Gloves
- Protective head covers
- Jumpsuit/protective coverall
- Gloves
- Footwear/boot covers
- Disposable fluid resistant aprons
- Plastic gowns

*If any of the protective equipment were checked, ask for each one checked*

a. Were these provided by your employer?

- Yes
- No

14. **After COVID-19 and before you lost your job**, had your employer: *(Mark all that apply)*

Response for how this has affected you.

- Provided additional stations or supplies for washing or sanitizing hands
- Physically distanced staff from each other or from patrons/clients
- Added plastic/other physical barriers between workers and others
- Required body temperature checks for employees before work
- None of the above

15. **After COVID-19 and before you lost your job**, did your employer require you to wear a mask?

- Yes
- No

16. **After COVID-19 and before you lost your job**, did your employer require customers/other patrons to wear masks?

- Yes
- No

17. **After COVID-19 and before you lost your job**, had your employer: *(Mark all that apply)*

- Required employees to re-use masks that are meant to be disposable
- Provided you with masks previously worn by others
- Started doing fit testing of employee respirators
- Started de-contaminating disposable masks or respirators to make them last longer
- Required rapid COVID-19 testing before work
- None of the above
18. **After COVID-19 and before you lost your job**, on a typical day during the time you were at work, how many people would you encounter within 6 feet?

- [ ] 1-4
- [ ] 5-10
- [ ] 11-20
- [ ] 21 or more
- [ ] None

**Please answer Questions 19-30 about your new job(s).**

*[Display if options 2, 5 or 7, “new job” are checked]*

*[Repeat for new Job #1, Job #2]*

19. How many new jobs do you currently have?

- [ ] 0, I do not have a new job
- [ ] 1
- [ ] 2
- [ ] >2

20. For your new job, are you represented by a union?

- [ ] Yes
  - **[If yes]** Name of the union: _______________________________
  - **[If yes]** Local # or chapter: ____________________________.
- [ ] No
- [ ] I do not know

21. What type of work do you do in your new job? *(Mark up to 2 that best describe the type of work you do)*

- [ ] Self-employed
- [ ] Agriculture
- [ ] Manufacturing, whole sale, distribution
- [ ] Communication, electric, gas and sanitary/waste services
- [ ] Transportation of people
- [ ] Transportation of goods
- [ ] Finance, insurance or real estate
- [ ] Supermarket or grocery store
- [ ] Pharmacy
- [ ] Building materials, mobile homes, hardware, garden, home furnishings, furniture, equipment
- [ ] Retail: Department store or big box store (e.g., Costco, Walmart, Target)
- [ ] Other retail
12. Restaurants, eating and drinking places (e.g., coffee shops, bars, breweries)
13. Construction
14. Scientific, technical
15. Education
16. Health or healthcare
17. Hotels, Hospitality
18. Private homes
19. Legal
20. Police & Fire
21. Services (not otherwise listed)
22. Entertainment, Recreation
23. Business & consultation
24. Government, Public Administration (other than finance)
25. Other Describe: _________________________________________________
26. I prefer not to answer

22. What is your new job? ______________________________________________

23. Does your new employment fall into the category of essential services?
   1. Yes
   0. No
   2. I’m not sure. Explain: _________________________________________________

24. Between the outbreak of COVID-19 and now, are you using protective equipment in your new job? Check all that apply:
   1. Surgical masks
   3. Cloth masks
   5. Disposable face shields
   7. Gloves
   9. Protective head covers
   11. Jumpsuit/protective coverall
   2. N-95 masks or similar (N99, R95, etc.)
   4. Reusable respirators (elastomeric respirators or powered air purifying respirators)
   6. Reusable face shields
   8. Footwear/boot covers
   10. Disposable fluid resistant aprons
   12. Plastic gowns
   [If any of the protective equipment were checked, ask for each one checked]
a. Were these provided by your employer?
   1. Yes 0. No

25. Between the outbreak of COVID-19 and now in your new job, has your employer? (Mark all that apply)
   1. Provided additional stations or supplies for washing or sanitizing hands
   2. Physically distanced staff from each other or from patrons/clients
3. Added plastic/other physical barriers between workers and others
4. Required body temperature checks for employees before work
5. None of the above

26. **Between the outbreak of COVID-19 and now,** has your employer require you to wear a mask **in your new job**?
   1. Yes
   0. No

27. **Between the outbreak of COVID-19 and now,** did your employer require customers/other patrons to wear masks **in your new job**?
   1. Yes
   0. No

28. **Between the outbreak of COVID-19 and now,** has your employer **in your new job**: (Mark all that apply)
   1. Required employees to re-use masks that are meant to be disposable
   2. Provided you with masks previously worn by others
   3. Started doing fit testing of employee respirators
   4. Started de-contaminating disposable masks or respirators to make them last longer
   5. Required rapid COVID-19 testing before work
   0. None of the above

29. **Between the outbreak of COVID-19 and now,** **in your new job** has your employer provided mental health resources.
   1. Yes
   0. No

30. On a typical day during the time you are at work, how many people do you encounter within 6 feet **in your new job**?
   1. 1-4
   2. 5-10
   3. 11-20
   4. 21 or more
   0. None

31. Did you enroll in a health insurance plan through this **new job**?
   1. Yes, I did
   2. No, I didn’t because it was too expensive
   3. No, I didn’t because it was not offered
   4. No, I didn’t because I was not eligible
   5. No, I didn’t because I was covered under another job
   6. No, I was covered by health insurance of another family member
Please answer questions 32-38 for your current job; the same job you had before COVID.

[Display if options 1, 2 or 3, “same job” in Question 18 are checked]

[Repeat for new Job #1, Job #2]

32. **Between the outbreak of COVID-19 and now,** are you using protective equipment? Check all that apply:

1. Surgical masks
2. N-95 masks or similar (N99, R95, etc.)
3. Cloth masks
4. Reusable respirators (elastomeric respirators or powered air purifying respirators)
5. Disposable face shields
6. Reusable face shields
7. Gloves
8. Footwear/boot covers
9. Protective head covers
10. Disposable fluid resistant aprons
11. Jumpsuit/protective coverall
12. Plastic gowns

[If any of the protective equipment were checked, ask for each one checked]

a. Were these provided by your employer?

   1. Yes
   0. No

33. **Between the outbreak of COVID-19 and now,** has your employer? (Mark all that apply)

1. Provided additional stations or supplies for washing or sanitizing hands
2. Physically distanced staff from each other or from patrons/clients
3. Added plastic/other physical barriers between workers and others
4. Required body temperature checks for employees before work
5. None of the above

34. **Between the outbreak of COVID-19 and now,** has your employer required you to wear a mask?

1. Yes
0. No

35. **Between the outbreak of COVID-19 and now,** has your employer required customers/other patrons to wear masks?

1. Yes
0. No

36. **Between the outbreak of COVID-19 and now,** has your employer: (Mark all that apply)

1. Required employees to re-use masks that are meant to be disposable
2. Provided you with masks previously worn by others
3. Started doing fit testing of employee respirators
4. Started de-contaminating disposable masks or respirators to make them last longer
5. Required rapid COVID-19 testing before work
6. None of the above
37. **Between the outbreak of COVID-19 and now,** has your employer provided mental health resources.

1 □ Yes 0 □ No

38. **Between the outbreak of COVID-19 and now,** on a typical day during the time you are at work, how many people do you encounter within 6 feet?

1 □ 1-4
2 □ 5-10
3 □ 11-20
4 □ 21 or more
5 □ None

39. Are there other adults in your household who were working prior to the outbreak of COVID-19?

1 □ Yes

   a. **[If yes]** Would they like to participate in this survey?

      1 □ Yes

      a. **[If yes]** To link their survey with yours as one household, please provide their contact information. We will send them a specific link.

         e-mail address:  ___________________________________

         telephone number:  (_ _ _) _ _ _ - _ _ _ _

0 □ No

0 □ No

**Healthcare Workers Only (REQUIRED)**

[Display if “health or healthcare” is selected in 13 or 28]

6/21a. In what ways do you have contact with suspected or confirmed COVID-19 patients? *(Select all that apply)*

1 □ I am in direct physical contact or work within 6 feet of patients
2 □ I work in or clean patients’ rooms within 6 feet of patients
3 □ I work in or clean patients’ rooms, but more than 6 feet away
4 □ I work on or sometimes visit the same floor/ward/department that patients are cared for
5 □ I share work spaces (entrances, cafeteria, washrooms, locker-rooms, etc.) with other workers who work with/near COVID-19 patients
6 □ I visit or have visited a patient at their home
7 □ I work in a specialized COVID-19 unit
8 □ Other, describe __________
9 □ I don't know
6/21b. Were you at work in the 10 days prior to experiencing symptoms?

☐ Yes
☐ No
☐ Not applicable, I did not have symptoms

Contains items 8-46, and 13/28a and 13/28b from "Section B: The Workplace" and was renumbered from the full document "Survey for Workers"